

# CREDIT CARD PAYMENT AUTHORIZATION

Amount \$ \_\_\_\_\_ (US Dollars)

Name of Conference Attendee: \_\_\_\_\_

Purpose MEMS Course Registration Fee

CARD TYPE

CARD VERIFICATION VALUE (Choose One)

VISA

Value # located on card  
(3 or 4 digit #)

MASTERCARD

Value is Unreadable

AMERICAN EXPRESS

Value is Not Present

Name as it appears on Card (print) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (mmyy) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Today's Date \_\_\_\_\_

## Billing Information

First Name (print) \_\_\_\_\_

Last Name (print) \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address (line 1) \_\_\_\_\_

Address (line 2) not required \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email (if none provided,  
notification of charge will be  
sent to contact person) \_\_\_\_\_

## To be completed by Contact Person before being sent to Treasury to be processed:

Project / Task 50408/03.04.04

Contact Person / Organization Sherrie L. Crawford/1701

Phone 284-3677

Email [slcrawf@sandia.gov](mailto:slcrawf@sandia.gov)

Mail stop 1078

Additional instructions \_\_\_\_\_

Date 12/17/03